

Name: Medaille College [A027]

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Recd
Code A027

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
LABORATORY ANIMAL WELFARE PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Name: Medaille College	
Address 1: 18 Agassiz Circle	
Address 2:	
City, State, Zipcode: Buffalo, NY 14214	
County: Erie	
Telephone Number: 716-880-2000	
Fax Number: 716-884-0291	
E-mail Address: mail@medaille.edu	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☐ Government ☐ Individual ☒ Not For Profit ☐ Partnership
☐ Other: _____

Facility Type:

- ☐ 2 Year College ☒ 4 Year College ☐ Clinical or Environmental Lab
☐ Hospital ☐ Medical School ☐ Product Testing Lab
☐ Public Health Lab ☐ Research & Development Lab ☐ Veterinary School
☐ Other: _____

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|---|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input checked="" type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input checked="" type="checkbox"/> Rats (genus rattus) | <input checked="" type="checkbox"/> Rabbits | <input checked="" type="checkbox"/> Dogs | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Rats (wild or other) | <input type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Other: _____ | | | |

Are you currently housing live animals at your institution? ☒ Yes ☐ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?* ☐ Yes ☐ No

*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☐ Yes ☒ No
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

Living animals are used for (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Diagnostic Procedures | <input checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input type="checkbox"/> Public Display | <input type="checkbox"/> Public Health/Disease Surveillance |
| <input type="checkbox"/> Other: _____ | |

Are animals used in studies with human infectious agents? ☐ Yes ☒ No
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

Registration/Accreditation Type:

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> AAALAC Accredited | <input checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA		INDICATE CHANGES HERE	
Laboratory/Institution Person In Charge (Name): Stankevics, Ilze			
Title: Veterinarian in Charge			
Telephone Number: 716-880-2310			
Work Hours: MON: 12:00 pm to 5:00 pm TUE: 8:30 am to 3:00 pm WED: 9:00 am to 5:00 pm THU: 8:30 am to 3:00 pm to to to		Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to	

CURRENT DATA		INDICATE CHANGES HERE	
Veterinarian in Charge (Name): Stankevics, Ilze			
Title: Veterinarian in Charge			
Telephone Number: 716-880-2310			
Work Name/Address (if different from laboratory/institution):			
Work Hours: MON: 12:00 pm to 5:00 pm TUE: 8:30 am to 3:00 pm WED: 9:00 am to 5:00 pm THU: 8:30 am to 3:00 pm to to to		Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to	

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Schroer, Kelly	
Title: Veterinary Technician, Licensed	
Telephone Number: 716-880-2122	
Work Hours: MON: 6:00 am to 5:00 pm TUE: 6:00 am to 5:00 pm WED: 6:00 am to 5:00 pm THU: 6:00 am to 5:00 pm FRI: 6:00 am to 5:00 pm	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

☒ Attach a list of all full-time and part-time animal care staff which includes the following information:
Name, Full-Time or Part-Time, Title and Education Level (Highest).

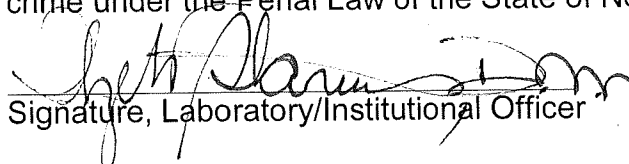
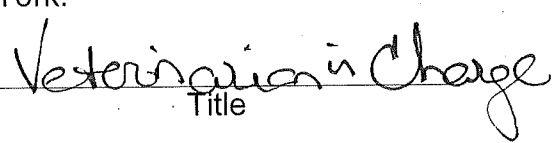
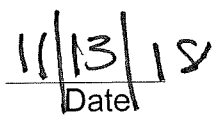
☐ No additional staff.

SECTION IV - ATTESTATION

I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.


 Signature, Laboratory/Institutional Officer
 
 Title
 
 Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

Medaille College

Institutional Animal Care and Use Committee

Members 12/11/2009 – Amended on 11/13/2018

Jon Mott, Public Member, SUNY Buffalo (Retired)

Gary Willoughby, Public Member, Executive Director, SPCA Erie County

Matthew Carver, Public Member, VP of Finance and CFO, Canisius High School

Joel Duermeyer, Supervisor, Plant Facilities and Enhancement, Aramark

Katie Maley, LVT, Medaille College

Kelly Schroer, LVT, Animal Care Supervisor, Medaille College

Renee Bugenhagen, DVM, Medaille College

Joe Savarese, DVM, Medaille College, Department Chair

Ilze Stankevics, DVM, Medaille College, Veterinarian of Record

Animal Care Employees – 2018- Medaille College

Dr. Joseph Savarese
Full Time
Professor, Dept. Chair
MS, DVM

Dr. Renee Bugenhagen
Full Time
Associate Professor
DVM

Dr. Matt Coleman
Full Time
Clinical Assistant Professor
DVM

Valerie Macer
Full Time
Assistant Professor
LVT, LAT, MS Ed.

Kelly Schroer
Full Time
Animal Care Supervisor
Adjunct Instructor
BS, LVT

Patricia Carr
Full Time
Vivarium Supervisor
Lab Assistant
AS, LVT

Maryanne Gamel
Full Time
Clinical Assistant Professor
BA, LVT

Jennifer Garofalo
Full Time
Clinical Assistant Professor
DVM

Dr. Ilze Stankevics-Veterinarian of Record
Full Time
Clinical Assistant Professor
DVM

Allison O'Toole
Part Time
Adjunct Faculty
DVM

Dayna Murphy
Full Time
Lab Assistant
AS, LVT

Katie Maley
Full Time
Lab Assistant
Adjunct Instructor
BS, LVT, VTS (ECC)